

# MEAL COUNT SUMMARY

Name of Center: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Number of Meals Claimed for Enrolled Children								Number of Meals Consumed by Adult Staff						
Date	Breakfast	AM Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack	Breakfast	A.M. Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
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21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
<b>Subtotal</b>														
<b>Infant Totals *</b>														
<b>Total # Meals To Claim</b>								<b>DO NOT CLAIM ADULT MEALS CONSUMED BY STAFF</b>						
	<b>Breakfast</b>	<b>AM Snack</b>	<b>Lunch</b>	<b>PM Snack</b>	<b>At-Risk Snack</b>	<b>Supper</b>	<b>Night Snack</b>	If any daily adult meal totals above exceed the 5 to 1 student/teacher ratio, report the dollar value of the exceeded meals onto your CNP Sponsor Claim.						

# **INFANT MEAL COUNT SUMMARY**

Daily Infant Meal Counts from Infant Production Records for the Month of: _____						
Date	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
13						
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27						
28						
29						
30						
31						
Infant Meal Totals	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
	*	*	*	*	*	*
* TRANSFER THESE TOTALS TO REVERSE SIDE OF FORM FOR CLAIMING TOTALS						

